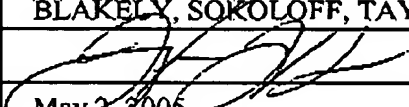
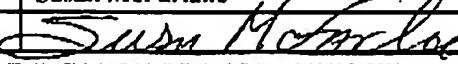


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/028,078
		Filing Date	December 21, 2001
		First Named Inventor	Mohammad Javad Omid
		Art Unit	2636
		Examiner Name	Donnie L. Crosland
Total Number of Pages in This Submission	12	Attorney Docket Number	55123P296

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 2, 2005

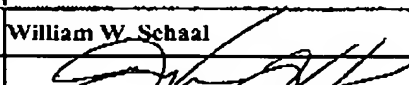
CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Susan McFarlane		
Signature		Date	May 2, 2005

Based on PTO/SD/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wb) 06/04/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	10/028,078
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 21, 2001
TOTAL AMOUNT OF PAYMENT		First Named Inventor	Mohammad Javad Omid
(S)	420.00	Examiner Name	Donnic L. Crosland
		Art Unit	2636
		Attorney Docket No.	55123P296

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION									
1. EXTRA CLAIM FEES									
Total Claims	25	- 25	=	2	x	50.00	=	\$100.00	
Independent Claims	5	- 4	=	1	x	200.00	=	\$200.00	
Multiple Dependent									
Large Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description				
	1202	60	2202	25	Claims in excess of 20				
	1201	200	2201	100	Independent claims in excess of 3				
	1203	360	2203	180	Multiple Dependent claim, if not paid				
	1204	300	2204	150	**Reissue independent claims over original patent				
	1205	300	2205	150	**Reissue claims in excess of 20 and over original patent				
				SUBTOTAL (1)	(S)	300.00			
2. ADDITIONAL FEES									
Large Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description				
	1051	130	2051	65	Surcharge - late filing fee or oath				
	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet				
	2053	130	2053	130	Non-English specification				
	1251	120	2251	60	Extension for reply within first month				
	1252	450	2252	225	Extension for reply within second month				
	1253	1,020	2253	510	Extension for reply within third month				
	1254	1,590	2254	795	Extension for reply within fourth month				
	1255	2,160	2255	1,080	Extension for reply within fifth month				
	1401	500	2401	250	Notice of Appeal				
	1402	500	2402	250	Filing a brief in support of an appeal				
	1403	1,000	2403	500	Request for oral hearing				
	1451	1,510	2451	1,010	Petition to institute a public use proceeding				
	1460	130	2460	130	Petitions to the Commissioner				
	1807	50	1807	50	Processing fee under 37 CFR 1.17(d)				
	1808	180	1808	100	Submission of Information Disclosure Sheet				
	1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))				
	1810	790	1810	395	For each additional invention to be examined (37 CFR § 1.129(b))				
Other fee (specify): _____									
				SUBTOTAL (2)	(S)	120.00			

SUBMITTED BY				<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	05/02/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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